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PTO/SB/07 (08-00)

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Application Number: 10/760,975

Filing Date: 1/20/2004

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on 04/11/2005
Date

Laurie Morgan
Signature

Laurie Morgan

Typed or printed name of person signing Certificate

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1. Fee Transmittal
2. Information Disclosure Statement
3. PTO Form 1449
4. One Reference (1) page

Total pages including cover sheet: 5

(703) 872-9306
MS1-1801US

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008, OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known

Application Number	10/760,975
Filing Date	1/20/2004
First Named Inventor	Bettina Walter
Examiner Name	
Art Unit	
Attorney Docket No.	MS1 1801US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$)

- 20 or HP = _____ x 50 = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. 45988 (Attorney/Agent)	Telephone (509) 324-9266
Name (Print/Type)	Mark C. Farrell	Date 4-11-05	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 11 2005

1
2 Serial No. 10/760,975
3 Filing Date 1/20/2004
4 Confirmation No. 3480
5 Inventorship Bettina Walter
6 Applicant Microsoft Corporation
7 Group Art Unit
8 Examiner
9 Attorney's Docket No. MS1-1801US
10 Title: Custom Emoticons

11
12 **INFORMATION DISCLOSURE STATEMENT AND**
13 **CERTIFICATION UNDER 37 CFR 1.97(e)**

14 The citations listed, copies attached, may be material to the examination of
15 the subject application and are therefore submitted in compliance with the duty of
16 disclosure defined in 37 CFR §1.56. The Examiner is requested to make these
17 citations of official record in this application.

18 I hereby certify that to my knowledge, after reasonable inquiry, that each
19 item of information contained in the information disclosure statement was cited in
20 a communication from a foreign patent office in a counterpart foreign application
21 not more than three months prior to the filing of the statement.

22 Furthermore, each item of information contained in the information
23 disclosure statement was cited in a communication from a foreign patent office in
24 a counterpart application and this communication was not received by any
25 individual designated in §1.56(c) more than thirty days prior to the filing of the
information disclosure statement.

Respectfully Submitted,

Date: 4-11-05By: Mark C. FarrellMark C. Farrell
Reg. No. 45,988

PTO/SB/088 (08-03)

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number 10/760,975

Filing Date 1/20/2004

First Named Inventor Bettina Walter

Art Unit

Examiner Name

Attorney Docket Number MS1 1801US

Sheet 1

of 1

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		European Search Report in EP Application No. 04102579.2, January 20, 2005, 1 page	

Examiner
SignatureDate
Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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